

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

09/752227

FILING DATE

12-29-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	/					
58		/				
59		/				
60		/				
61		/				
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63		/				
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65	/					
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97						
98						
99						
100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	20					
TOTAL CLAIMS	23					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS